

01/05/01

01-08-01

Express Mailing Label No. EL661683769US

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Only for new nonprovisional applications under 37 CFR 1.53(b)

|                      |                                                                                                  |
|----------------------|--------------------------------------------------------------------------------------------------|
| Attorney Docket No.  | IPA-003                                                                                          |
| First Named Inventor | Ray Jimenez                                                                                      |
| Title                | Methods and Apparatus for Forwarding Audio Content Using an Audio Web Retrieval Telephone System |

**APPLICATION ELEMENTS**

1. ☒ Fee Transmittal Form
2. ☒ Small Entity Status  
☒ Applicant claims small entity status  
☐ Status established in prior application and is still proper and desired
3. ☒ Specification and Drawings [Total Pages 37]
  - Written Description - (23 pages)
  - Claims - (4 pages)
  - Abstract - (1 page)
  - Sheets of Drawings - (9 sheets)
  - ☒ Formal
  - ☐ Informal
4. ☒ Oath or Declaration [Total Pages 3]
  - a. ☒ Newly executed (original)
  - b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)  
[Note Box 5 below]
5. ☐ Incorporation by Reference (usable if Box 3b is checked)  
The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
6. ☒ Application Data Sheet
7. ☐ Nucleotide and/or Amino Acid Sequence Submission
  - ☐ Computer Readable Copy
  - ☐ Paper Copy (identical to computer copy)
  - ☐ CD (identical to computer copy)
  - ☐ Statement verifying identity of above copies

**ADDRESS TO: Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231****ACCOMPANYING APPLICATION PARTS**

8. ☐ 37 CFR 3.73(b) Statement (when there is an assignee)  
☐ Power of Attorney
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449  
☐ Copies of IDS Citations
11. ☐ Preliminary Amendment  
☐ Drawings [Total Sheets ]  
☐ Letter to Official Draftsperson Including Drawings [Total Pages ]
12. ☒ Return Receipt Postcard
13. ☐ Certified Copy of Priority Document(s)
14. ☐ Deletion of Inventor(s)  
Signed statement attached deleting inventor(s) named in the prior application.
15. ☐ CD in duplicate for large table or computer program.
16. ☐ Other:

17. ☐ If a **CONTINUING APPLICATION**, amend the specification by inserting on page 1, before the first line, the sentence:  
-This is a ☐ continuation ☐ divisional ☐ continuation-in-part of prior application Serial No. / , filed on , , the entire disclosure of which is incorporated by reference herein.--

**Priority to the above application(s) is claimed under 35 U.S.C. 120.**

Prior application information: Examiner: . Group/Art Unit: .

**18. ☒ Priority - 35 U.S.C. 119**

☒ Priority of applications Serial Nos. 60/175,034 filed on January 7, 2000; 60/195,645 filed on April 7, 2000; and 60/195,737 filed on April 7, 2000 in United States are claimed under 35 U.S.C. 119.

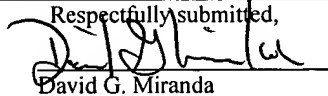
- ☐ The certified copy has been filed in prior U.S. application Serial No. / on .  
☐ The certified copy will follow.

**CORRESPONDENCE ADDRESS**

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**SIGNATURE BLOCK**

Date: January 5, 2001  
Reg. No. 42,898  
Tel. No.: (617) 248-7954  
Fax No.: (617) 790-0339

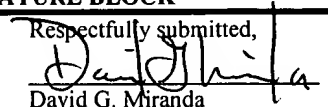
Respectfully submitted,  
  
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High Street Tower  
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MIRANDDG52153.2001307\_1

# FEE TRANSMITTAL

## FY 2001

|                           |                  |
|---------------------------|------------------|
| Complete Known            |                  |
| Application Serial Number | Not yet assigned |
| Filing Date               | Herewith         |
| First Named Inventor      | Ray Jimenez      |
| Group Art Unit            | Not yet assigned |
| Examiner Name             | Not yet assigned |
| Attorney Docket No.       | IPA-003          |

| METHOD OF PAYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                |              | FEE CALCULATION (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------|--------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------|------|-----------------------|-----------------------|-----------------|-------------------|--------------|-----|-------------------------------------|---|---------|--------------|--------------------------------------------------------|--------------------------------------------------------------------|-----|-----|---------------------------|--|--------|-------|----------------------------------------|--|------|------------------------|----------------------------------------|--|-----|------|-----------------------------------------|--|-----|-----|----------------------------------------|--|-------|-----|-----------------------------------------|--|-------|-----|----------------------------------------|--|-----|-----|------------------|--|-----|-----|----------------------------------------|--|-----|-----|--------------------------|--|-----|-----|-------------------------------|--|----|----|-----------------------------------------------|--|-----|-----|------------------------------------------------|--|-----|-----|-------------------------------------------------------------|--|-----|-----|----------------------------------------------------------------|--|---------------------|--|--|--|---------------------|--|--|--|
| 1. <input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                |              | 3. ADDITIONAL FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.<br><input type="checkbox"/> Required Fees (copy of this sheet enclosed).<br><input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17.<br><input checked="" type="checkbox"/> Overpayment Credit.<br>3. <input checked="" type="checkbox"/> Applicant claims small entity status.                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                |              | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>390</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>890</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1,390</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1,890</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>310</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>310</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>270</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>50</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>710</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>710</td><td>355</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td colspan="3">Other fee (Specify)</td><td></td></tr> <tr><td colspan="3">Other fee (Specify)</td><td></td></tr> </tbody> </table> |                                 |               |      | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid          | 130          | 65  | Surcharge - late filing fee or oath |   | 50      | 25           | Surcharge - late provisional filing fee or cover sheet |                                                                    | 130 | 130 | Non-English specification |  | 2,520  | 2,520 | For filing a request for reexamination |  | 110  | 55                     | Extension for reply within first month |  | 390 | 195  | Extension for reply within second month |  | 890 | 445 | Extension for reply within third month |  | 1,390 | 695 | Extension for reply within fourth month |  | 1,890 | 945 | Extension for reply within fifth month |  | 310 | 155 | Notice of Appeal |  | 310 | 155 | Filing a brief in support of an appeal |  | 270 | 135 | Request for oral hearing |  | 130 | 130 | Petitions to the Commissioner |  | 50 | 50 | Petitions related to provisional applications |  | 180 | 180 | Submission of Information Disclosure Statement |  | 710 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 710 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) |  | Other fee (Specify) |  |  |  | Other fee (Specify) |  |  |  |
| Large Entity Fee (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Small Entity Fee (\$)           | Fee Description                                                | Fee Paid     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 65                              | Surcharge - late filing fee or oath                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25                              | Surcharge - late provisional filing fee or cover sheet         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 130                             | Non-English specification                                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 2,520                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,520                           | For filing a request for reexamination                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 55                              | Extension for reply within first month                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 195                             | Extension for reply within second month                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 890                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 445                             | Extension for reply within third month                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 1,390                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 695                             | Extension for reply within fourth month                        |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 1,890                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 945                             | Extension for reply within fifth month                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 155                             | Notice of Appeal                                               |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 310                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 155                             | Filing a brief in support of an appeal                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 270                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 135                             | Request for oral hearing                                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 130                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 130                             | Petitions to the Commissioner                                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 50                              | Petitions related to provisional applications                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 180                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 180                             | Submission of Information Disclosure Statement                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 355                             | Filing a submission after final rejection (37 CFR 1.129(a))    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 355                             | For each additional invention to be examined (37 CFR 1.129(b)) |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| Other fee (Specify)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| <b>1. FILING FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>710</td><td>Utility filing fee</td><td>710</td></tr> <tr><td>320</td><td>Design filing fee</td><td></td></tr> <tr><td>150</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                |              | Large Entity Fee (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fee Description                 | Fee Paid      | 710  | Utility filing fee    | 710                   | 320             | Design filing fee |              | 150 | Provisional filing fee              |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| Large Entity Fee (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Fee Description                 | Fee Paid                                                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 710                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Utility filing fee              | 710                                                            |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 320                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Design filing fee               |                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| 150                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Provisional filing fee          |                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>20</td> <td>- 20 = 0</td> <td>x \$ 18.00 =</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 3 = 0</td> <td>x \$ 80.00 =</td> <td>0</td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Number Filed                    | Number Extra  | Rate | Amount                | Total Claims          | 20              | - 20 = 0          | x \$ 18.00 = | 0   | Independent Claims                  | 3 | - 3 = 0 | x \$ 80.00 = | 0                                                      |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Number Filed                    | Number Extra                                                   | Rate         | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 20                              | - 20 = 0                                                       | x \$ 18.00 = | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3                               | - 3 = 0                                                        | x \$ 80.00 = | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> Multiple Dependent Claim(s), if any \$270.00 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| TOTAL: 710<br>SMALL ENTITY DISCOUNT: 355<br>SUBTOTAL (1) (\$) 355                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| <b>2. AMENDMENT CLAIM FEES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 80.00 =</td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> First Presentation of Multiple Dep. Claim               </td> <td>+ \$270.00 =</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td>(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$0)</td> </tr> </tbody> </table> |                                 |                                                                |              | Claims Remaining After Amend.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid              | Total                 | -               | =                 | x \$ 18.00 = |     | Indep.                              | - | =       | x \$ 80.00 = |                                                        | <input type="checkbox"/> First Presentation of Multiple Dep. Claim |     |     | + \$270.00 =              |  | TOTAL: |       |                                        |  | (\$) | SMALL ENTITY DISCOUNT: |                                        |  |     | (\$) | SUBTOTAL (2)                            |  |     |     | (\$0)                                  |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| Claims Remaining After Amend.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Highest No. Previously Paid For | Present Extra                                                  | Rate         | Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -                               | =                                                              | x \$ 18.00 = |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| Indep.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | -                               | =                                                              | x \$ 80.00 = |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                | + \$270.00 = |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| TOTAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                |              | (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| SMALL ENTITY DISCOUNT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                |              | (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| SUBTOTAL (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                |              | (\$0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                |              | SUBTOTAL (3) (\$) 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                |              | SUBTOTAL (1) 355<br>SUBTOTAL (2) 0<br>SUBTOTAL (3) 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                |              | TOTAL (\$) 355                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| <b>CORRESPONDENCE ADDRESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                |              | <b>SIGNATURE BLOCK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |
| Direct all correspondence to:<br>Patent Administrator<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110<br>Tel. No.: (617) 248-7000<br>Fax No.: (617) 248-7100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                |              | Date: January 5, 2001<br>Reg. No.: 42,898<br>Tel. No.: (617) 248-7954<br>Fax No.: (617) 790-0339<br>Respectfully submitted,<br><br>David G. Miranda<br>Agent for the Applicants<br>Testa, Hurwitz & Thibault, LLP<br>High Street Tower-125 High Street<br>Boston, MA 02110                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |               |      |                       |                       |                 |                   |              |     |                                     |   |         |              |                                                        |                                                                    |     |     |                           |  |        |       |                                        |  |      |                        |                                        |  |     |      |                                         |  |     |     |                                        |  |       |     |                                         |  |       |     |                                        |  |     |     |                  |  |     |     |                                        |  |     |     |                          |  |     |     |                               |  |    |    |                                               |  |     |     |                                                |  |     |     |                                                             |  |     |     |                                                                |  |                     |  |  |  |                     |  |  |  |